PART B - FEE(S) TRANSMITTAL

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			}	papers. have its	Each addition own certifica	nal paper, te of mail	such as an assignment ling or transmission.	or formal drawing, must	
21919	7590 10/13	/2009			C	ertificate	of Mailing or Transm	desion	
MEREK, BLA 673 S. WASHIN ALEXANDRIA	OIPE	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
		A JAN	0 0 00					(Depositor's name)	
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		₩.	A CO					(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		EMST NAMED INVENTOR			ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/046,639	Bin Li 01/11			/11/201	1/2010 FMUHAHM1 00000019 10046639				
TITLE OF INVENTION	: OPTIMAL BIT ALLO	CATION SYSTEM FOR	REED-SOLOMON C	CODED	DATA 91	FC:150	14	ata 1884PP7A	
					92	FC:150	14	1510.00 OP 300.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PI	REV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional -	YES	<i>\$15</i> 10	0 \$300		\$0		\$1055 \$18	10 01/13/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
RIZK, SAMIR WADIE		2112	714-774000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
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Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.									
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r type)					
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	he pate: g an ass	nt. If an assij ignment.	gnee is id	lentified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Ciena Corporation Linthicum, Maryland									
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	□ in	dividual 🛛	Corporati	on or other private grou	ap entity Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								hown above)	
Issue Fee	A check is enclosed.								
Publication Fee (N	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-052 (enclose an extra copy of this form).								
			overpayment, to I	Deposit	Account Nurr	ber <u>50</u>	-U562 (enclose an	extra copy of this form).	
5. Change in Entity Sta	tus (from status indicate is SMALL ENTITY stati		b. Applicant is no	longer	claiming SM	ALL EN	FITY status. See 37 CF.	R 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if rea	uired) will not be accepte	d from anyone other th					e assignee or other party in	
Authorized Signature	Date January 8, 2010								
Typed or printed name Robert N. Blackmon			Registration No. 39494						
Michailmia, Aliamia 773	113-1430.	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR opersons are required to re-						by the USPTO to process) gathering, preparing, and it you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.	